

Proudly serving the towns of Bridgewater, Newtown and Roxbury



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**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR PERMIT TO CONSTRUCT A SUBSURFACE SEWAGE DISPOSAL SYSTEM
Fee: NEW (\$150) / REPAIR (\$50)**

Date: _____

To The Director of Health, **Newtown Health District**, application is hereby made for an approval / permit to construct a subsurface sewage disposal system for a:

_____ (single family dwelling, residential building, restaurant, retail building, etc.)

located at: _____ (street address, lot number, M-B-L, subdivision name, etc.)

New System _____ Repair/Replacement _____ Addition _____ Other: _____

Owner: _____ Mailing Address: _____

Phone: _____ Email: _____

Licensed Installer name (print): _____ Phone: _____

Installer signature: _____ License No. _____ Date Expiration: _____

CONDITIONS OF APPROVAL SHEET RECEIVED: (Y / N): _____

Note: Valid Photo ID and DPH license must be provided. A licensed subsurface sewage disposal system installer must be present during system installation.

Signed: _____ Application fee paid (Y/N): _____
(owner or duly authorized representative)

GENERAL INFORMATION

Date soil tests conducted: _____ Lot size: _____

Area of Special Concern (Y/ N): _____ If yes, reason(s): _____

Basis of Design (# of bedrooms, resaurant seats, building size, etc.): _____

Professional Engineer (P.E.) plan required (Y/N): _____ P.E. Name: _____

Design plan approved (Y/N): _____ Date of plan: _____ Revision date: _____

Type of Water Supply: _____ If well, has location been approved (Y/N): _____

OFFICE USE ONLY

Permit #: _____ Check #: _____ Cash: _____

Approval to Construct is hereby issued by: _____ Date: _____
(Print Name)

Signature: _____ Title: _____

Approvals to Construct shall be issued by the DOH or Registered Sanitarian